

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017685

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2359

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) 507 East 14th. St.		d. STREET ADDRESS (If outside, give location) 507 East 14th. St.	
3. NAME OF DECEASED First Dollie Middle Lee Last Duckworth		4. DATE OF DEATH Month May Day 10 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 2, 1895
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) Matron		11. BIRTHPLACE (City and state or country) California, Missouri	
13a. FATHER'S NAME Eugene Casserman		14. NAME OF HUSBAND OR WIFE John L. Duckworth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-14-2375	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Decompensation DUE TO (c) Burglar Alarm PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 yr. 19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year		20f. CITY, TOWN, OR LOCATION Kansas City, Missouri	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Oct. 1954 to May 10, 1959 and last saw her alive on 5-9-59 Death occurred at 8 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Kenneth Adler, D.O.		22b. ADDRESS 5811 Truman Rd. K.C., Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 13, 1959	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Earp & Sons		25. DATE RECD. BY LOCAL REG. 5-12-59	
26. REGISTRAR'S SIGNATURE Irene Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Kenneth h Adler

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

James W. Papp

Licensed Embalmer No. *4622*

P. O. Address *A. C. Ho.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

